

Registration Guidelines

- ◆ Complete a Registration Form, including waiver with signature, for each person (photocopies accepted). Registration forms should be used for the classes, activities or trips that have activity numbers.
- ◆ Registration is on a first-come, first-pay basis.
- ◆ Payment is necessary to complete registration unless otherwise indicated.
- ◆ Participants who register by mail should assume they are enrolled in all of the classes/trips for which registered. You will be contacted if the activity is full or cancelled.
- ◆ 50-Plus Program activities and classes are open to adults 50 or over or accompanying an age-eligible participant.
- ◆ Registration deadlines vary per class or activity and in most cases are one week prior to the start date. Late fees may apply.
- ◆ Only registered participants are permitted in classes.

For 50-Plus Registration

Adults ages 50 or over or accompanying an age-eligible participant are welcome. For the safety and well being of all participants, activities and centers are open to individuals who are physically able to negotiate in a center/program setting, are mentally alert, and are able to function independently. Participants needing assistance may bring a responsible adult of any age. This person must also register and pay activity costs when applicable.

Full or Cancelled Activities

- ◆ Classes, activities and trips may be cancelled if minimum enrollments are not met by the deadline or, in some cases, by one week prior to the activity.
- ◆ If programs are full or cancelled by the Department, participants will be contacted within three business days to discuss an alternative activity option or a refund. If the participant cannot be contacted within three business days, a refund will be processed.

Refund Policy

- ◆ Refunds will only be considered if requested at least 10 business days prior to the start of the program and may be subject to an administrative fee for incurred costs.
- ◆ No refunds (or partial refunds) will be issued to customers who fail to attend an activity.

Lynchburg Parks & Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least 10 days prior to the class or event.



Fall 2007 Registration Begins 8/16

2 Easy Ways to Register

Mail-In Registration

Simply fill out the Registration Form included in this insert, include payment (check or money order made payable to "City of Lynchburg") and mail to:
Lynchburg Parks & Recreation Department
Att: Registration
301 Grove Street, Lynchburg, VA 24501



Walk-In Registration

You may register for programs in person at the Customer Service Desk at the Miller Center, 301 Grove Street, from 8:30 am to 5:00 pm Monday through Friday except City holidays. Cash and checks or money orders made payable to "City of Lynchburg" are accepted.



Registration Form for Classes & Trips
with an Activity Number Only
(Payment must accompany Registration Form)



(Please note the Parks & Recreation refund policy at the left of the registration form.)

How did you hear about us? <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV	
Other: (Please list):	
City Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No (Only participants living in the City are eligible for City rates)	
Name of Participant #1:	
Name of Participant #2:	
Address:	
City, State, Zip:	
Home Phone:	Work or Cell Phone:
Birth Date:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name of emergency contact for participant:	Phone:
E-Mail Address	
Allergies/important medical notes:	
Name of Person Paying for Activities: (if different than participant)	
Address of person paying for activities: (City, State, Zip)	
Home Phone:	Work Phone:

Liability, 911
& Photo Release

In consideration of the permission granted to me/my child by Lynchburg Parks & Recreation Department, I hereby release and save harmless the City of Lynchburg, its officers and employees from all actions, causes of action, damages and claims, or demands which I, my heirs, executors, administrators, or assigns may have against the City of Lynchburg, and/or other described parties for all personal injuries known or unknown incurred by participation in this/these activity(s).

In the event of a medical emergency, I authorize representatives of Lynchburg Parks & Recreation to contact EMS at 911 if I or my child is incapacitated. In the event I or my child requires medical treatment, I agree to be responsible for the cost of such treatment.

I am aware and agree that my child or I may be filmed or photographed and/or interviewed by news media, such as WSET and the News and Advance, as they are often invited to cover programs to help raise awareness of and promote Parks and Recreation activities. I also agree to allow the Lynchburg Parks & Recreation Department to use these photographs in any of its publications.

I, the undersigned, have read this release and understand all its terms.

Signature of participant, parent,
or legal guardian (REQUIRED)

Activity Title	Start Date	Activity Number	City Resident (CR) or Non-Resident (NR) rates
			\$
			\$
			\$
(Office Use Only) Receipt #: _____ Processed by: _____ Date: _____		Receipt Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total \$

visit us on the web at www.lynchburgva.gov/parksandrec